

## E. Partner Counseling and Referral Services

Date: \_\_\_\_\_

### – Intervention Plan – Jurisdiction Aggregate Form

Complete a <i>separate</i> form for <i>each</i> primary population served by this type of intervention		
<p><b>[1] Jurisdiction ID:</b> _____</p> <p><b>[2] Number of partner counseling and referral services (PCRS) interventions this form describes:</b> _____</p>	<p><b>[3] Primary Population</b></p> <p>Mark the risk population this form describes. If an intervention serves multiple risk populations, choose one primary and one secondary risk population. <i>[See instructions for distinguishing between primary and secondary risk populations.]</i></p> <ul style="list-style-type: none"> <li>MSM</li> <li>MSM/IDU</li> <li>IDU</li> <li>Heterosexual</li> <li>Mother with/at risk for HIV</li> <li>General Public</li> </ul>	<p><b>[4] Secondary Population</b></p> <ul style="list-style-type: none"> <li>MSM</li> <li>MSM/IDU</li> <li>IDU</li> <li>Heterosexual</li> <li>Mother with/at risk for HIV</li> <li>General Public</li> </ul>

<p><b>[5] Number of PCRS interventions for this risk population to be provided by the following types of agencies (total should equal number in [2] above):</b></p>			
CBO - Minority Board _____ CBO - Non-Minority Board _____ Faith Community _____	State Health Department _____ Local Health Department _____ Other Government _____	Academic Institution _____ Research Center _____ Individual _____	Other Agency _____ <i>(please specify)</i> _____
<b>Total</b>			_____

[6] HIV-Infected Clients To Receive PCRS With CDC Funds (M=male; F=female; T=transgender; NT=sex not targeted)	# 19 years old				20 – 29 years old				30 + years old				Age data not available				TOTAL
	M	F	T	NT	M	F	T	NT	M	F	T	NT	M	F	T	NT	
American Indian/Alaska Native																	
Asian/Pacific Islander																	
White																	
Black																	
Other																	
<b>TOTAL</b>																	

Hispanic																	
Non-Hispanic																	
<b>TOTAL</b>																	

§ The minimum data required for this report are the totals contained in the double-lined boxes at the far right end of the table above. Completing the other cells is optional but encouraged.

[9] Notes/Comments Field: